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CONFIRMATION NO. 3192

SERIAL NUMBER 10/612,302	FILING DATE 07/03/2003  RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 2938-116
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/225,475 08/22/2002 ABN  
 which claims benefit of 60/313,769 08/22/2001  
 and claims benefit of 60/328,429 10/12/2001  
 and claims benefit of 60/387,931 06/13/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 11	TOTAL CLAIMS 67	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>BP</i>	Initials		

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## TITLE

24-Sulfur-substituted analogs of 1 alpha, 25-dihydroxy vitamin D3

<p>FILING FEE RECEIVED 1746</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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